

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703175

FILED
Apr 30, 2004
Secretary of State**Entity Name:** THE DELAND DISTRICT BOARD OF MISSIONS OF THE UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**303 E. KENTUCKY AVENUE
DELAND, FL 32724**New Principal Place of Business:****Current Mailing Address:**303 E. KENTUCKY AVENUE
DELAND, FL 32724**New Mailing Address:****FEI Number:** 59-2252935**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOEHM, RICHARD
435 S RIDGEWOOD AVE
BOX 6511 (32122)
DAYTONA BEACH, FL 32114 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VCD () Delete
Name: TURNER, WILLIAM
Address: 1207 OAK FOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32174**Title:** D () Delete
Name: CURRY, WAYNE E
Address: 303 E. KENTUCKY AVENUE
City-St-Zip: DELAND, FL 32724**Title:** SD () Delete
Name: FRANCE, MAUREEN
Address: 801 ROYAL OAK COURT
City-St-Zip: DELAND, FL 32724**Title:** D () Delete
Name: GREEN, COLLACE
Address: 13 CHOCTAW TERRACE
City-St-Zip: ORMOND BEACH, FL 32174**Title:** CD () Delete
Name: WOODRUFF, DON
Address: 333 CADDIE DR.
City-St-Zip: DEBARY, FL 32713**Title:** T () Delete
Name: SMITH, DANA
Address: 5 ARCH ANGEL
City-St-Zip: ORMOND BEACH, FL 32174**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: CORBIN, IVAN
Address: 1698 BENT OAKS BLVD
City-St-Zip: DELAND, FL 32724**Title:** D (X) Change () Addition
Name: MOENNING, DAVID
Address: 2138 WATERSEDGE DR
City-St-Zip: DELTONA, FL 32739**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON WOODRUFF

MR

04/30/2004

Electronic Signature of Signing Officer or Director

Date